



Human Resources Department  
Administration Division

**CITY OF TEMPE  
457 DEFERRED COMPENSATION PROGRAM  
CATCH-UP PROVISION APPLICATION**

**Name:**

**SSN:**

**Date of Birth:**

**Effective Date of Catch-up:**

**Normal Retirement Date:**

*NOTE: Please sign and return to Human Resources. You will be notified of your maximum allowable catch-up amount.*

ELIGIBLE YEARS	CURRENT ANNUAL CONTRIBUTION	CATCH-UP AMOUNT	YTD MAXIMUM LIMIT
2002	\$	\$	\$
2001	\$	\$	\$
2000	\$	\$	\$

**Catch-up and current annual contribution cannot exceed \$15,000.00 per year.**

I certify that the information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Tempe's Authorized Signature

\_\_\_\_\_  
Date

The catch-up provision is available in any one or more of the final three (3) consecutive years preceding a participant's normal retirement age specified in the City of Tempe Plan Document.